

1766

FILL OUT ALL BLANKS
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 573	
County <u>Yuma</u>	District <u>Yuma</u>	County Registered No. <u>50</u>	Local Registrar's No. <u>50</u>
ORIGINAL CERTIFICATE OF DEATH			
No. <u>maiden Saul</u>		St. <u>Pedro Aguirre</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Pedro Aguirre</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <u>White</u> Black Chinese Mexican	DATE OF DEATH <u>Feb 19 1920</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>unknown</u> 191 (Month) (Day) (Year)	<u>unknown</u> 191 (Month) (Day) (Year)	I hereby certify, that I attended deceased from <u>Dec 30</u> 191 <u>9</u> to <u>Jan 10</u> 19 <u>20</u> ; that I last saw <u>him</u> alive on <u>Jan 10</u> 19 <u>20</u> , and that death occurred on the date stated above at <u>10:00</u> P.M. The DISEASE or INJURY causing Death was as follows: <u>chronic interstitial nephritis</u> (Duration) <u>20</u> yrs. <u>0</u> mos. <u>0</u> days.	
OCCUPATION (a) Trade, profession or particular kind of work <u>shoe maker</u> (b) General nature of industry, business, or establishment in which employed or (employer) <u>24</u>	BIRTHPLACE (State or country) <u>Mexico</u>	Was disease contracted in Arizona? <u>yes</u> If not, where? <u>unknown</u>	
PARENTS NAME OF FATHER <u>unknown</u> BIRTHPLACE OF FATHER (State or country) <u>unknown</u> MAIDEN NAME OF MOTHER <u>unknown</u> BIRTHPLACE OF MOTHER (State or country) <u>unknown</u>	CONTRIBUTORY (Duration) <u>20</u> yrs. <u>0</u> mos. <u>0</u> days. (Signed) <u>H. D. Kitcherside</u> <u>Feb 19 1920</u> (Address) <u>Box #402 Yuma</u> *In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
The Above Is True to the Best of My Knowledge (Informant) <u>John A. Johnson</u> (Address) <u>Yuma Ariz</u>		LENGTH OF RESIDENCE At place of death <u>20</u> yrs. <u>0</u> mos. <u>0</u> ds. In Arizona <u>20</u> yrs. <u>0</u> mos. <u>0</u> ds. Former or Usual Residence <u>Yuma Ariz</u>	
PLACE OF BURIAL OR REMOVAL <u>Yuma Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>2-29</u> 19 <u>20</u>	FILED <u>Feb 24 1920</u> <u>May A. Johnson</u> <u>8/8/20</u> <u>St. E. Perry</u> 191 <u>9</u> Local Registrar. County Registrar.	
UNDERTAKER <u>Johnson</u>	ADDRESS <u>Yuma Ariz</u>		